

Agency Name
Address
City State Zip

Date

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Re: _____
Child's Name (if applicable)

Dear

After careful consideration, it has been determined that we cannot recommend you for adoption. Enclosed is a copy of your Adoptive Family Assessment. The following concerns were considered in this decision:

(list reason(s) for not recommending)

You may request a case conference (in person or by telephone) within 14 days of receipt of this letter to discuss information contained in your family assessment. At the case conference, you may be accompanied by an attorney or other person(s) of your choice.

The case conference provides an opportunity for you and the adoption agency to thoroughly review the decision. You may present additional information. The case conference will be conducted by the agency director or designee. A request for a case conference may be made to (Adoption Worker's name and phone number), (Adoption Supervisor's name and phone number) or (Program Manager's name and phone number) at (agency's address).

If you applied for adoption of a specific child, we will be submitting our recommendation to the Superintendent of the Michigan Children's Institute, who will make the final decision regarding consent to adoption. You may provide additional information directly to the Michigan Children's Institute office, attention: William Johnson, MCI Superintendent, Michigan Department of Human Services, 235 S. Grand Ave., Suite 412, P.O. Box 30037, Lansing, MI 48909 (Phone: 517-335-6421).

Sincerely,

Adoption Worker

cc: (Guardian ad Litem)
(Family's attorney, if known)